



Statewide design, service and infrastructure plan for Victoria's health system 2017-2037

7 December 2017

The Statewide design, services and infrastructure plan for Victoria's health system (the plan) was published on Tuesday 5 December. It is available in full and in summary [here](#).

Background

In 2015 the final report of the *Travis Review: Increasing the capacity of the Victorian public hospital system for better patient outcomes* recommended that the Department of Health and Human Services (the department) develop a strategic long term plan for Victoria's public hospitals, with the aim of aligning health service demand with both recurrent and infrastructure (replacement and new) funding.

The plan draws on recommendations made in *Targeting zero: Supporting the Victorian hospital system to eliminate avoidable harm and strengthen quality of care* to focus on building capacity and modernising infrastructure, and defining the roles and relationships between health services.

The plan is intended to be used to guide the department and health services in service, workforce and infrastructure planning and investment, with an additional role in guiding investment in equipment and technology.

It is intended that the plan will be reviewed and updated on a rolling five year schedule, for the next 20 years. Included in each five year review will be directions and guidance for developing or refreshing service stream plans and locality plans.

This Bulletin offers VHA members a summary of the plan and its highlights, outlining each key section of the document.

Outline of the plan

The plan outlines prospective reforms to the planning and funding of Victoria's health and community health services; many of these reforms have been underway for some time, for example the work to develop and implement a role delineation framework. Others are new and will be fleshed out in the coming months, for example the proposal to fund Primary Health Networks (PHNs) and public hospitals to treat people in community settings.



The plan notes high level infrastructure priorities for the state and each region, however it does not outline where and when any investments will be made. In instances where a specific figure is listed, it is important to note that most of these figures represent spending announced in earlier budget processes.

The timelines for implementing service and funding reform, and the processes of co-design and sector input are also unclear. The VHA will be seeking further information from government to ascertain the work plan and the expected timelines for developing and implementing the various reforms described in the plan.

Service stream and locality plans

The plan will be accompanied by a range of supporting plans and focuses. These include:

- Locality plans, including a broad rural and regional plan
- Links to broader government directions and planning to ensure their outcomes and infrastructure priorities join up with other government services for local communities.
- The priorities of Metropolitan Partnerships and Regional Partnerships will provide key points of alignment for healthcare locality planning activities.
- Locality plans in metropolitan areas will be framed by the overall vision as set out in Plan Melbourne 2017-2050.
- Service stream plans will be published for major areas of clinical activity, with the *Design, services and infrastructure plan for Victoria's cardiac system* having been published in May 2016.

Planning priorities

The plan is structured around five key priorities for action. These are:

1. Building a proactive system that promotes health and anticipates demand
2. Creating a safety and quality-led system
3. Integrating care across the health and social service system
4. Strengthening regional and rural health services
5. Investing in the future – the next generation of healthcare.

These areas for action are supported by 34 specific actions, each of which is summarised below.

20-year outlook

The plan envisages a number of scenarios and characteristics of the future health system, many of which offer insights into the government's short and medium-term priorities. These include:

- A strong focus on prevention and early response, including a balanced approach to care delivered in hospital and community settings.
- Funding flexibility to encourage innovation.



- A health system that is “predictive and proactive”, using big data from multiple sources, bringing together patient experience and outcomes, safety and quality data and new technology and research.
- Empowered patients who will direct how care is designed.
- A system where home health and community health are central, with acute hospitals being designed and used for emergency and acute care only. This is anticipated to result in fewer hospitals beds per head of population.
- Place-based approaches to planning, with intent of ensuring services are designed to be responsive to local need.
- A health and social care system that is closely integrated, with a focus on prevention across all levels of the system.

Priority area 1: Building a proactive system that promotes health and anticipates demand

Action 1: Integrating prevention and early intervention

A range of sector organisations will be brought together to develop joint plans, which will eventually include aligning municipal health and wellbeing plans, health service statements of priorities and other key documents for planning and priority setting.

There will be an emphasis on having groups of providers – hospitals, community health services, PHNs, Aboriginal Community Controlled Health Organisations (ACCHOs) – work together to improve the health and wellbeing of people in their area.

The plan cites the Commonwealth Government’s *Health Care Homes* program as a means of caring for people with chronic conditions. The Victorian Government intend to continue to support the broader rollout of this initiative.

Community health services – registered and integrated – will have their roles strengthened by making them a key partner in provider alliances and health and wellbeing hubs.

The plan notes that the proposed changes to primary care will complement the changes to individualised funding for disability under the NDIS and the Commonwealth’s shift to ‘bundled’ community support packages in aged care.

Further details on what is meant by “complementing” individualised and bundled funding in the Victorian context are not offered by the plan.

Action 2: Commission healthcare in a way that encourages integration centred on people’s needs

The plan outlines changes to the funding, monitoring and evaluation of healthcare to get providers to work together and to make them responsible for delivering person-centred care, with a focus on improving health outcomes.



Changes to the commissioning of healthcare is proposed to include jointly funding health services and Primary Health Networks to meet the needs of people with chronic health needs that place them at risk of a hospital admission. This flexible funding will likely involve health services and PHNs commissioning local providers to reach out to at-risk people in their homes and community settings.

A key element of this reform will be a shift from output-based performance measurement, to a system that measures performance against avoided hospital admissions.

Health and wellbeing hubs will be established to integrate health and social services in a single location, at a range of new and existing locations across the state. It is anticipated that these hubs will link closely with the planned family violence reforms, including the 17 Safety and Support Hubs via service co-design and colocation activities.

Eventually the health and wellbeing hubs will be established statewide, following an initial focus on growth areas.

Action 3: Providing better information and navigation tools

The plan proposes an improvement in data, information and online tools, both for system users and service providers. It is anticipated that this would extend to online booking and appointment management.

Action 4: Expanding primary care service options

The plan cites the expansion of its 'Supercare Pharmacies' initiative, accompanied by a new 'Pharmacist Chronic Disease Management' pilot as its key activities under this action.

Supercare Pharmacies provide 24-hour pharmacy services, seven days a week, as well as offering access to a nursing service for four hours each night with the intent of reducing demand on hospital emergency departments.

Action 5: Redesigning specialist clinics

The proposed redesign of specialist clinics is framed in terms of supporting primary care providers to deliver early and ongoing management of people's needs in the community. The initiative would include:

- Clear thresholds and pathways for referral to specialist services or for medical or surgical care (undertaken jointly with PHNs and will follow from current work on role delineation).
- Hospital specialist clinics would be focused on 'rapid assessment and management', to get people back into community-based settings without avoidable delays.
- Increasing the use of mobile assessment and treatment services to reach into home and community settings, including residential services.
- Advanced practice roles and use of generalists, supported by specialists.
- Setting targets for the use of telehealth.



- Expanding the current suite of services that can be delivered in people's homes, including Hospital in the Home, chemotherapy and renal dialysis, facilitated by telehealth and other mobile or remote technologies.

Action 6: Meeting the needs of a growing population

The plan cites the 2017-18 investment into additional service delivery and capital focused on areas of Victoria experiencing above average growth in population.

Due to the rapid growth of population, this investment has been focused on Melbourne's urban growth areas in the north, west and south-east of the city, as well as inner Melbourne.

The plan does not offer further detail on the location of anticipated infrastructure investments.

Action 7: Closing critical gaps in mental health services

The plan notes that the state does not have sufficient capacity to meet the growing demand for services, both in community and inpatient settings.

The plan refers to *Victoria's 10-year mental health plan* as the key document to carry the planning and investment to meet these needs, as well as outlining a range of already-announced investments into capital and infrastructure expansions.

Action 8: Expanding access to alcohol and other drug treatment services

The plan cites the *Ice action plan* as the government's key response to the growth in demand for AOD services, and flags the continued investment in tranche three of the *Ice action plan* in 2017-18.

Action 9: Improving access to first responders

Improving access to paramedic services will be managed by a number of existing investments into improving response times, and also via the existing work on developing a role delineation framework, which will help people and providers to access the appropriate types of care.

Action 10: Working with the private sector to maximise benefits for all Victorians

The plan flags increased partnering between the public and private sectors, which would include establishing new ways of working collaboratively with the private sector, including:

- Joint planning on the configuration and distribution of health services.
- Agreement on service pathways that work across public and private sectors (building on the referral and role delineation networks described under Priority area 2).
- Providing patients with appropriate services close to home, particularly by exploring options to increase private services in rural areas.
- Flexible use of technology and infrastructure across private and public sectors to maximise the benefit of their combined resources.

Action 11: Identifying, scaling and embedding innovative practice across the Victorian healthcare system

The plan proposes a focus on supporting projects funded by Better Care Victoria to be rolled out and embedded across other healthcare settings.

On top of BCV-funded initiatives, the plan suggests funding work to improve access to care (e.g. time spent waiting for elective surgery), providing targeted improvement support to turn around performance in underperforming services, and funding a long-term pilot to test alternative service delivery models that may be needed in the future.

Priority area 2: Creating a safety and quality-led system

Action 12: Clearly defining roles and referral networks

The plan notes the role of Victorian specialist and tertiary health services in leading the system, delivering higher complexity care to people in their local areas and from rural Victoria and by promoting workforce and service development, research and innovation.

These roles will be embedded by:

- Consolidating the role of specialist and tertiary health services in providing highly complex care, particularly when this care is low volume.
- Identifying designated specialist and tertiary centres that will support groups of hospitals in rural locations to provide more complex care out of hours.
- Setting up standard referral pathways across outer metropolitan, regional and rural health services.
- Using technology to help get patients back to their local health service for recovery as quickly as it is safe to do so.

Action 13: Setting minimum volume thresholds

Targeting zero discussed the concept of a 'material volume-outcome relationship' and recommended that this concept be used to centralise some services that are higher complexity and delivered in relatively low volumes.

The plan outlines that this work will be led by Safer Care Victoria, the Victorian Agency for Health Information, the Department of Health and Human Services and the Victorian Clinical Council, and will begin with establishing the volume-outcome thresholds for organ transplant, cardiac, maternity and cancer care services.

The plan notes that in the case of the public sector, some work may be done only in a smaller number of high-volume locations, which could result in some outer metropolitan, regional and rural centres no longer providing some types of treatments. Importantly, the plan states that any related changes will also enable more low-complexity work to be completed by those centres.

Action 14: Defining clinical service capability

The plan cites the existing maternity and newborn services framework as the only clinical area for which a clear capability framework has been developed and put in place.

Over the next five years, Safer Care Victoria and the relevant clinical networks will work in partnership with the department to develop and roll out capability frameworks as follows:

- Develop capability frameworks for major clinical streams and implement them across both the public and private sectors. This will include an assessment of capability by the department (in consultation with each service) and publication of agreed capability ratings.
- Monitor compliance and outcomes, including using patient-reported outcome measures for every major procedure or intervention.
- Base decisions about the type of capacity needed in each place on the capability frameworks, including decisions about what high-cost medical equipment is needed where it should be located.
- Look for opportunities to match up private and public providers with the same level of capability to maximise the efficient use of resources.
- Regularly reassess and update capability frameworks to reflect major advances in technology and practice, which will increasingly enable more care to be provided outside of specialist centres.

Priority area 3: Integrating care across the health and social service system

Action 15: Establishing health and wellbeing hubs

The plan sets out the intended establishment of health and wellbeing hubs. They will be community-based hubs for a range of health and social services to be coordinated from and/or delivered in a single location. The mix and level of services in each hub will vary, depending on the needs of the local community. They will be linked to wider service networks and hubs, including the Support and Safety Hubs (established following the Royal Commission into Family Violence).

The plan states that prevention will be a key focus of the hubs, as well as early intervention and providing care that helps keep people out of hospital settings.

The plan explicitly recognises a central role for community health services in providing integrated care for vulnerable Victorians and their families.

In terms of potential infrastructure and capital, the plan outlines that hubs will operate from existing service sites “that will be transformed as necessary to extend the range of services and to ensure the services are fully integrated”.



Action 16: Safeguarding our children and families

The plan will build on a range of linked initiatives in the areas of mental health, the NDIS and family violence reforms, by using flexible funding to support joint approaches from health services, social services and disability services to target areas where vulnerable families live.

An emphasis will be given to using bundled funding to ensure care is person-centred and actively brings together providers that were previously siloed.

On top of bundled payments and person-centred care, the plan sets out an intention to develop referral pathways and other funding arrangements that support collaboration between key entities, namely health services, health and wellbeing hubs and Support and Safety Hubs.

Action 17: Building integrated whole-of-life clinical mental health services

The plan notes that there is a need to improve the coordination and delivery of clinical mental health services, and proposes to do so by establishing critical links between state and NDIS-funded services to ensure people who need support to live in the community can continue to access it. At this stage, the plan does not provide detail about what form these 'critical links' will take.

AOD services will be supported to screen for mental health issues and to improve care for people with a dual diagnosis.

Links will be made with forensic services, particularly in relation to treatment models for youth and their post-release care.

Action 18: Strengthening alcohol and drug treatment systems

The plan outlines existing initiatives to reduce harm from alcohol and drugs, including the investment to support the rollout of drug rehabilitation programs, most of which are in rural and regional Victoria.

The plan flags a continued focus on expanding drug treatment services, and strengthening their connection to other critical parts of the service system.

The department has begun a service planning process to develop a stronger understanding of best-practice treatment and future forecasts for demand.

On top of these initiatives, the plan focuses on the current and future workforce of the AOD sector, and suggests activities to promote it as a career option and to develop the leadership and management capability of the existing workforce.



Action 19: Support the NDIS rollout

The plan notes the impact of the NDIS on the delivery of disability services and the importance of sharing the lessons gained from the Barwon and north-east metropolitan regions in their respective rollouts.

As well as clarifying the role of health services under the NDIS, the plan outlines how the government will respond to gaps between the NDIS and formerly state-funded community mental health programs. It intends to strengthen the role of community mental health services in two ways:

- Providing psychosocial rehabilitation for people who require shorter-term support and are not eligible for the NDIS.
- Ensuring people needing longer-term disability support can access it through the NDIS.

Pathways between mental health services, Commonwealth primary care and NDIS-funded services will be developed to ensure the reforms make it easier for people to remain living in the community.

On top of these activities, the plan notes the transition of people currently receiving support through the Home and Community Care Program for Younger People, and the work that is being done to ensure that the transition is completed smoothly.

The plan notes that the health system will continue to play a role supporting Victorians with a disability who are not eligible for the NDIS, with direction offered in *The State disability plan 2017-2020*.

Action 20: Supporting older people

The plan outline activities that will support people to continue living in their homes and communities for longer, including by developing cross-disciplinary models of prevention and care that will expand on the current levels of home-based care and support, improve access to services, and maximise people's ability to live independently.

This will be driven by:

- Working with the Commonwealth to increase the number of people enrolled in Health Care Homes and with funded community support packages.
- Setting up funding arrangements that include targets to:
- significantly reduce avoidable hospital emergency department presentations and readmissions for older people
- avoid people having to stay in hospital because community-based support packages or residential care places are not available.

The government will invest in modernising PSRACS to provide vulnerable people with long-term care that helps them to live active, fulfilling lives for as long as possible.



This investment approach is planned to involve:

- Continuing the replacement and consolidation of metropolitan residential aged care facilities through staged investment, with key priorities being facilities in the south-east, west and north of Melbourne.
- Renewal of rural PSRACS, including collocation with other services in rural towns, to be informed by new design guidelines developed in-line with best practice to support older people to be as independent as possible.
- Development of more community-based support in rural Victoria.

The design of PSRACS is flagged to increasingly focus on providing appropriate facilities for people who need intensive support.

Action 21: Supporting Aboriginal health and wellbeing

Over the next five years, the priorities to support Aboriginal health and wellbeing within the health system include:

- Developing and implementing policies that support Aboriginal organisations and mainstream services to better meet the needs of Aboriginal Victorians.
- Reforming the way government funds services for Aboriginal people in a way that supports self-determination.
- Helping Aboriginal organisations and health services to share knowledge and resources to respond to priority areas for Aboriginal employment within the sector.
- Supporting research – led by Aboriginal principles and methodology – to understand the opportunities and barriers that impact on improving outcomes for Aboriginal Victorians, including the Aboriginal workforce.

Priority area 4: Strengthening regional and rural health services

Action 22: Strengthening our rural workforce through collaboration and innovation

The plan highlights the difficulties faced by rural health service in securing and retaining an appropriately skilled workforce. Drivers include a trend towards medical specialisation and sub-specialisation, leaving fewer general physicians and surgeons available to manage a rural casemix. Recruitment to nursing, allied health and medical administration roles are also identified as problematic in some areas.

To address these difficulties, the plan proposes investment in:

- rural clinical training networks
- subsidised rural cadetships
- graduate and training positions
- coordinated rural training pathways
- programs to support rural clinicians to meet registration requirements.

These investments will be supplemented by the following initiatives:

- Shared appointments of key leadership roles and specialist clinicians who operate at services across a region or across metropolitan and regional Victoria.
- Advanced nursing roles in rural urgent care centres, supported by local general practice and visiting or remote specialists and telehealth.
- Outreach clinics delivered in the community by visiting specialists or via telehealth.
- Education, training and research pathways through greater links between regional and tertiary/specialist referral hospitals, and research centres.

On top of existing telehealth pilots and initiatives, the plan proposes a trial model in which one or two specialist sites supports a network of lower complexity hospitals to manage their more complex clinical caseload out of hours.

Rural generalists are identified as a key part of the workforce response, and the government flags additional work with the Commonwealth and other states and territories to expand training and educational opportunities for rural generalists.

Workforce changes that will flow from the work on role delineation and capability frameworks will be supported by the government, on the grounds that both the role delineation and capability frameworks are expected to expand the breadth, capacity and capability of services offered by rural hospitals.

Action 23: Defining rural and regional health partnerships

The government will adopt a formal approach to regional partnerships, with rural and regional health partnerships that will span each region and have direct links into major metropolitan health services.

In terms of roles and responsibilities within each regional partnership, the existing regional health service plus up to two newly identified 'outer regional' health services will lead each partnership.

A focus of each partnership will be on improving overall regional self-sufficiency, as well as developing agreed referral and transfer pathways.

Additional focuses of the rural and regional health partnerships will include:

- approaches to strategic, service and workforce planning
- training and professional development
- leadership and clinical governance
- quality and safety (for example, defined regional mortality and morbidity committees)
- person-centred care and co-design of services with consumers
- delivery of care including service mix, capability and referral pathways
- opportunities to support services through joint approaches to key enablers including workforce and technology use.

The following table indicates the government's proposal for each regional and proposed outer regional health service across the state.

Partnership area	Proposed outer regional	Regional
Barwon Great South Coast	Southwest Healthcare	Barwon Health (Geelong)
Central Highlands Wimmera Southern Mallee	Wimmera Health Care Group	Ballarat Health Services
Gippsland	Bass Coast Regional Health Bairnsdale Regional Health Service	Latrobe Regional Hospital
Goulburn Ovens Murray	Northeast Health Wangaratta	Goulburn Valley Health Albury Wodonga Health
Loddon Campaspe Mallee	Mildura Regional Hospital Echuca Regional Health	Bendigo Health

The process of co-design with the sector and communities regarding the configuration of the partnerships has been carried via the development of the regional and rural service, design and infrastructure plan.

Action 24: Defining referral networks

Clear referral networks will be established for both planned and emergency presentations by patients with care needs beyond the capability of local rural health services.

Depending on the nature of the care required, referral networks may vary. For example, referrals for obstetric or neonatal care will be different from networks developed for cardiac surgery. In each case the patient should be easily transferred to where appropriate clinical care is best provided.

Action 25: Supporting older people in the community

The plan outlines the department's forecast data for the next 20 years that shows that fewer acute services will be needed in rural Victoria into the future. The plan indicates that, in their place, there is a clear need for an expanded role in care of the aged.

The government will reconfigure services to support people in the community or their homes for as long as possible. This includes support for community palliative care agencies to provide at-home palliative care, allowing more Victorians with a terminal illness to be cared for, and die, in their place of choice.

Action 26: Strengthening rural urgent care centres

The plan identifies expansion of advance practice nursing workforce as a key to strengthening rural urgent care centres, as well as a focus on telehealth to support rural and remote nurses working in urgent care settings.



Other key pieces of work on role delineation, capability frameworks and the formalisation of referral networks are identified as key to strengthening urgent care centres.

Action 27: Strengthening rural maternity and newborn services

The government will introduce a number of changes to ensure the quality, safety and sustainability of rural maternity and newborn services and to balance local access with safety and quality care. Specifically, the plan flags that government will do the following:

- Agree on an operating model for the six regional health services within regional and outer-regional partnerships.
- Support future investment in the Gippsland, Central Highlands, Wimmera Southern Mallee and Barwon regions.
- Encourage rural health services to use established planning tools like the Australian Rural Birthing Index.

Action 28: Improving rural and regional access to elective surgery

Implementing approaches to wait list management, such as ‘pooling’ of capacity across a network of providers, is identified in the plan as an approach to improve access to elective surgery in rural settings.

The government intends to work with the sector to develop a more regional approach to wait list management, underpinned by the referral networks and regional partnerships.

Action 29: Accessing emergency care

The role of rural health services in delivering the range of emergency services is noted within the plan, as is the existing emergency retrieval system for critically ill patients. The transfer of patients with less critical, but still significant, conditions needs to be improved and the government will take the following actions:

- Streamlining referrals within each rural and regional health partnership.
- Improving links to specialist services through digital health technology.
- Enhancing regional opportunities for shared professional development and clinical education.

Action 30: Improving patient transport assistance

The plan identifies the review of the Victorian Patient Transport Assistance Scheme (VPTAS) as a means of improving patient transport. Other activities (role delineation and telehealth expansion, for example) are cited as having a positive impact on access and will reduce the need for rural Victorians to travel to Melbourne to access care.

Priority area 5: Investing in the future – the next generation of care

Action 31: Investing in industry development



The plan identifies the various government investments into the state's medical technologies and pharmaceuticals sector, but does not outline any changes that will be actioned.

Action 32: Providing stronger governance and coordination to invest wisely

Future investments into high value technology will be assisted by a national approach (to be developed with other jurisdictions) to investment and disinvestment in health technology, underpinned by systematic, coordinated processes to prove the value of state-of-the-art diagnostics and therapeutic treatments.

Furthermore, the Victorian investment in high-value technology will be guided and aligned by the system role delineation framework. The plan explicitly states that future investment will only be made in new technology that provides value for money and only where the technology is appropriate to the role and capability of the service seeking to acquire it.

Action 33: Developing system-wide translational research capacity

The plan states that the growth in capacity and capability of the National Employment and Innovation Clusters outlined in the *Plan Melbourne 2017-2050* document will be key to supporting the local health and medical research sector.

The existing *Healthier lives, stronger economy: Victoria's health and medical research strategy 2016-2020* and its \$20 million investment will be used to develop this workforce and quickly translate research breakthroughs into clinical practice.

Action 34: Developing personalised medicine

A Victorian genomics strategy is being developed to support the integration of genomic information into routine practice across the health system.

The Victorian Government is providing funding to make genome sequencing available in selected clinical services.

Locality plans and their relation to future infrastructure investment

While the plan does not set out explicit future infrastructure investments, it does devolve a degree of planning and priority setting to the subordinate locality plans, including those in outer and inner Melbourne.

Each plan has a focus on prevention and self- management. They focus on strengthening care that keeps people out of hospital by keeping them healthy, managing chronic disease and providing community- and home-based alternatives to hospital care. Each plan also recognises the need for a range of acute services to be locally accessible, acknowledging that hospitals are not necessarily located where people live now or where the highest levels of population growth will occur in the future.



Healthcare infrastructure priorities for the growth areas are driven by the current and projected population growth, changing demographics and the significant health and wellbeing issues identified in the plan. These priorities are intended to work alongside the introduction of new ways of providing care, strengthened health promotion activity and prevention strategies—all aimed at reducing growth in demand for health services.

The plan acknowledged that, even with additional effort in these areas, significant infrastructure investment will be needed to meet demand growth pressures.

The various priorities for each locality plan are summarised below.

Northern growth area

The northern growth area stretches from Thomastown in the south to Broadford in the north and from Bulla in the south-west, across to Whittlesea in the east.

Local planning processes have identified the following infrastructure priorities:

- Expansion of existing hospital and healthcare service sites to meet demand pressures from population growth.
- Further planning for additional hospital and community capacity in this growth corridor to promote local access over the longer term.

Western growth corridor

The western growth corridor stretches from Footscray to Bacchus Marsh in the west, and from Sunbury in the north to Werribee in the south.

Infrastructure priorities identified in planning for the western growth corridor include:

- New health and wellbeing hubs to provide local access to healthcare services in locations with very high expected population growth.
- Redevelopment and expansion of existing hospital services in the inner west.
- Further planning for additional hospital capacity on the peri-urban fringe of this growth.
- Corridor to promote local access over the longer term.

South-eastern growth area

The south-eastern growth area covers the cities of Casey and Cardinia, extending from Hallam in the north to Pearcedale in the south, and from Lynbrook at the western end across to Lang Lang in the south-east corner.

Planning for the south-eastern growth area identifies the following infrastructure priorities to meet local challenges:

- Extending health and wellbeing hubs in centres of population growth to bring more care closer to where people live.



- Expansion of Casey Hospital (taking into account growth of the neighbouring St John of God private hospital) to meet the acute care needs of the area's population.

Inner Melbourne

The inner Melbourne area covers the City of Melbourne and part of the City of Port Phillip, extending from East Melbourne to Docklands in the west and from Kensington and Parkville in the north to Albert Park and Port Melbourne in the south.

Locality planning for inner Melbourne identifies the following infrastructure priorities:

- Further planning for urban renewal zones.
- Planning for redevelopments of key hospitals to meet the needs of a growing population and offer contemporary standards of care into the future.

The plan notes that service planning is underway at Alfred Health and the Melbourne Biomedical Precinct in Parkville.

Melbourne's inner north, inner south, eastern and southern areas

Locality planning for these areas has not been undertaken, but will need to focus separately on priorities for each of:

- The inner north (the suburbs between the northern growth area and the CBD).
- The east (stretching from Oakleigh and surrounding suburbs out to the Yarra Ranges).
- The inner south (the established suburbs in Boroondara, Stonnington, Glen Eira, Bayside and eastern Port Phillip).
- The south (from Dandenong down to the end of the Mornington Peninsula).

Locality planning for regional cities and rural areas

Locality planning for regional and rural health services in Victoria will continue to closely align with, and build on, planning processes and outcomes across government. They will link to Regional Partnerships to maximise synergies across local community interests and government services.

Regional Partnerships bring together representatives from local business, education, social services and community groups with the three tiers of government (federal, state and local). They give regional communities more say in planning and decisions affecting them and build stronger connections with government.

The plan outlines the profile and broad issues facing each of Victoria's rural and regional planning areas, as well as the existing infrastructure investment commitments.